WEST Search History

DATE: Monday, July 08, 2002

Set Name side by side	Query	Hit Count	Set Name result set
DB=USPT; PLUR=YES; OP=AND			
L41	L40 and l4	53	L41
L40	((514/255.06)!.CCLS.)	170	L40
L39	L37 and phenamil	12	L39
L38	L37 and phenazil	0	L38
L37	3313813	49	L37
L36	((514/851)!.CCLS.)	74	L36
DB=USPT,PGPB,JPAB,EPAB,DWPI; PLUR=YES; OP=AND			
L35	514/851	81	L35
L34	L33 and L4	14	L34
L33	L2.clm. and (amiloride or benzamil or phenamil).clm.	14	L33
L32	L2 and (amiloride or benzamil or phenamil)	184	L32
L31	L30 and L29	16	L31
L30	osmolyte	179	L30
L29	potassium adj sulfate	7373	L29
L28	L27	5144	L28
DB=USPT; PLUR=YES; OP=AND			
L27	potassium adj sulfate	5144	L27
L26	osmolyte	125	L26
L25	L24 and L23 and L22	1	L25
L24	L21 and potassium	3	L24
L23	L21 and (amiloride or benzamil or phenamil)	1	L23
L22	L21 and L2	2	L22
L21	5569450.pn. or 5607691.pn. or 5725841.pn. or 5880098.pn. or 5817028.pn. or 5182299.pn.	6	L21
L20	L18 and potassium adj sulfate	5	L20
L19	L18 and L5	43	L19
L18	(((424/45 |424/46)!.CCLS.))	1344	L18
L17	L16 and potassium adj sulfate.clm.	2	L17
L16	L15 and aerosol.clm.	13	L16
L15	L4 and potassium adj sulfate	230	L15
L14	L2 and potassium adj sulfate	32	L14
DB=USPT,PGPB,JPAB,EPAB,DWPI; PLUR=YES; OP=AND			
L13	L12 and potassium adj sulfate	12	L13
L12	L4 and L2	1405	L12

DB=USPT; PLUR=YES; OP=AND

L11	L6 and potassium adj sulfate	15	L11

DB=JPAB,EPAB,DWPI; PLUR=YES; OP=AND

L10	L6 and potassium adj sulfate	0	L10
L9	L6	7	L9
L8	L7	0	L8

DB=USPT,PGPB,JPAB,EPAB,DWPI; PLUR=YES; OP=AND

L7	L6 and osmotical$	101	L7
L6	L5 and L4	2069	L6
L5	osmot$	23856	L5
L4	aerosol	73761	L4
L3	L2 and L1	46	L3
L2	cystic adj fibrosis	6433	L2
L1	sodium adj channel adj blocker	245	L1

END OF SEARCH HISTORY

L7 ANSWER 13 OF 44 MEDLINE on STN
ACCESSION NUMBER: 2000257879 MEDLINE
DOCUMENT NUMBER: 20257879 PubMed ID: 10796798
TITLE: Nebulised **hypertonic** saline for **cystic fibrosis**.
COMMENT: Update in: Cochrane Database Syst Rev. 2003;(1):CD001506
AUTHOR: Wark P A; McDonald V
CORPORATE SOURCE: Department of Respiratory Medicine, John Hunter Hospital, Locked Bag No. 1, Hunter Regional Mail Centre, Newcastle, NSW 2310, Australia, 2310.. pwark@ozemail.com.au
SOURCE: Cochrane Database Syst Rev, (2000) (2) CD001506. Ref: 9
Journal code: 100909747. ISSN: 1469-493X.
PUB. COUNTRY: ENGLAND: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, ACADEMIC)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200007
ENTRY DATE: Entered STN: 20000714
Last Updated on STN: 20030328
Entered Medline: 20000706

AB BACKGROUND: The lung disease in **cystic fibrosis** is characterised by impaired mucociliary clearance, recurrent bronchial infection and airway inflammation. **Hypertonic** saline has been shown to enhance mucociliary clearance in-vitro and this may act to lessen the destructive inflammatory process in the airways. OBJECTIVES: To determine if nebulised **hypertonic** saline **treatment** improved lung function, exercise tolerance, quality of life and decreased the incidence of exacerbations of respiratory infections in patients with **cystic fibrosis**. SEARCH STRATEGY: Studies were identified from the Cochrane **Cystic Fibrosis** and Genetic Disorders Group trials register. Titles and abstracts were reviewed to identify all controlled trials. Review articles and bibliographies identified from this process were surveyed for additional citations & RCTs. Identification of unpublished work was obtained from abstract books from the three major **Cystic Fibrosis** conferences (International **Cystic Fibrosis** Conference, The European **Cystic Fibrosis** Conference and the North American **Cystic Fibrosis** Conference). Trial authors were contacted for additional information when only abstracts were available to review. Date of the most recent search of the Group's specialised register: November 1999. SELECTION CRITERIA: All controlled trials that assessed the effect of **hypertonic** saline compared to placebo or other mucolytic therapy, for any duration or dose regimen in subjects with **cystic fibrosis** of any age or severity were reviewed. Studies in languages other than English were included. DATA COLLECTION AND ANALYSIS: All identified trials were independently reviewed by both reviewers & all data collected. Trial quality was scored by the Cochrane assessment of allocation concealment & the Jadad scale of methodological quality. MAIN RESULTS: Twelve controlled trials of **hypertonic** saline were identified. Seven trials met the inclusion criteria; these involved 143 subjects with an age range of 6 to 46 years. Of these, six were published studies and one in abstract form. The durations of the trials were limited to immediate effects on mucociliary clearance to a maximum of three weeks. In two studies, involving thirty five subjects, a score for the feeling of cleared chest was made using visual analogue scales. This analysis showed a weighted mean difference of -0.98 (95% confidence Interval -1.6, -0.34), favouring **hypertonic** saline over isotonic saline. In two trials with 22 subjects **hypertonic** saline improved mucociliary clearance as measured by isotope clearance from the lungs in 90 minutes demonstrating a weighted mean difference of -11.3 (95% confidence Interval -18.6, -4.0),

and as area under the clearance time curve; weighted mean difference of -212 (95%CI -272, -152), also favouring **hypertonic** saline over isotonic saline. Lung function as measured by improvement in FEV1 was observed in one study of 27 subjects. The percentage increase in FEV1 at two weeks increased by a mean 15.0% with **hypertonic** saline and 2.8% with isotonic saline (p=0.004). Adverse events were adequately described in only one trial and none were serious. REVIEWER'S CONCLUSIONS: Nebulised **hypertonic** saline improves mucociliary clearance immediately after administration which may have a longer term beneficial effect in **cystic fibrosis**. The maximum time data were recorded for was only three weeks. Most of the patients had mild to moderate lung disease and the effect on severe lung disease remains unclear. Further studies of **hypertonic** saline should be carried out to determine the effect on pulmonary function tests, quality of life, frequency of exacerbations of respiratory disease and efficacy comparisons with nebulised deoxyribonuclease, with larger numbers and for longer duration. At this stage there is insufficient evidence to support the use of **hypertonic** saline in routine **treatment** for patients with **cystic fibrosis**.